

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Eastern District of Texas**

Case number (if known): \_\_\_\_\_ Chapter **11**

☐ Check if this is an amended filing

## Official Form 201

# Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name

**Texas Health Foundation, Inc**

2. All other names debtor used in the last 8 years

**Texas Center for Health**

Include any assumed names, trade names, and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN)

**8 7 - 2 3 4 4 0 4 6**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**3610 Stagg Dr**

Number Street

**Beaumont, TX 77701-3713**

City State ZIP Code

**Jefferson**

County

**P.O. Box 7072**

Number Street

**Beaumont, TX 77726-7072**

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

5. Debtor's website (URL)

**texascenterforhealth.com**

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: \_\_\_\_\_

Debtor Texas Health Foundation, Inc

Name

Case number (if known) \_\_\_\_\_

**7. Describe debtor's business**

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))  
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
☐ Railroad (as defined in 11 U.S.C. § 101(44))  
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))  
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))  
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))  
☐ None of the above

B. Check all that apply:

- ☒ Tax-exempt entity (as described in 26 U.S.C. § 501)  
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)  
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6 2 1 1

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7  
☐ Chapter 9  
☒ Chapter 11. Check all that apply:  
☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).  
☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.  
☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.  
☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**

☒ No

☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**

☒ No

☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard?

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_

**Where is the property?**

Number Street

City State ZIP Code

**Is the property insured?**

☐ No

☐ Yes. Insurance agency \_\_\_\_\_  
Contact name \_\_\_\_\_  
Phone \_\_\_\_\_

**Statistical and administrative information**

**13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

- ☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000
- ☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

16. Estimated liabilities
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

### Request for Relief, Declaration, and Signatures

**WARNING --** Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
  - I have been authorized to file this petition on behalf of the debtor.
  - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/03/2025  
MM/ DD/ YYYY

**X** /s/ Kim Wilson Kim Wilson  
Signature of authorized representative of debtor Printed name  
Title Director

18. Signature of attorney **X** /s/ Robert C Lane Date 04/03/2025  
Signature of attorney for debtor MM/ DD/ YYYY

Robert C Lane  
Printed name

The Lane Law Firm  
Firm name

6200 Savoy Dr Ste 1150  
Number Street

Houston TX 77036-3369  
City State ZIP Code

(713) 595-8200 notifications@lanelaw.com  
Contact phone Email address

24046263 TX  
Bar number State

Fill in this information to identify the case:

Debtor Name Texas Health Foundation, IncUnited States Bankruptcy Court for the: Eastern District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes. Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**\$500.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. First Financial BankChecking account5 8 3 5\$2,286.663.2. 5 Point Credit UnionChecking account1 1 4 7\$387.033.3. First Financial BankChecking account2 8 2 4\$41.04**4. Other cash equivalents (Identify all)**

4.1 \_\_\_\_\_

4.2 \_\_\_\_\_

**5. Total of Part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$3,214.73**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes. Fill in the information below.

**Current value of debtor's interest****7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

7.1 Lombard Texas Holdings LLC \$10,000.00

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

9. **Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

\$10,000.00

**Part 3:** Accounts receivable

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes. Fill in the information below.

Current value of  
debtor's interest

11. **Accounts receivable**

11a. 90 days old or less: \$69,313.31 - unknown =..... → \$69,313.31  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \$408,705.89 - unknown =..... → \$408,705.89  
face amount doubtful or uncollectible accounts

12. **Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$478,019.20

**Part 4:** Investments

13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes. Fill in the information below.

Valuation method used  
for current value

Current value of  
debtor's interest

14. **Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

15. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of  
ownership:

15.1. \_\_\_\_\_

15.2. \_\_\_\_\_

Debtor **Texas Health Foundation, Inc**

Name

Case number (if known) \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1 \_\_\_\_\_

16.2 \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

_____
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**Part 5: Inventory, excluding agriculture assets****18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
_____	MM / DD / YYYY	_____	_____	_____
<b>20. Work in progress</b>				
_____	MM / DD / YYYY	_____	_____	_____
<b>21. Finished goods, including goods held for resale</b>				
_____	MM / DD / YYYY	_____	_____	_____
<b>22. Other inventory or supplies</b>				
<b>Medical Supplies</b>		<b>unknown</b>		<b>\$1,000.00</b>
_____	MM / DD / YYYY	_____	_____	_____

**23. Total of Part 5**

Add lines 19 through 22. Copy the total to line 84.

<b>\$1,000.00</b>
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**24. Is any of the property listed in Part 5 perishable?**☒ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

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29. Farm animals Examples: Livestock, poultry, farm-raised fish

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30. Farm machinery and equipment (Other than titled motor vehicles)

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31. Farm and fishing supplies, chemicals, and feed

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32. Other farming and fishing-related property not already listed in Part 6

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33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

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34. Is the debtor a member of an agricultural cooperative?

- ☒ No  
☐ Yes. Is any of the debtor's property stored at the cooperative?  
☐ No  
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No  
☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No  
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes. Fill in the information below.



Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
3 Bar Tables & 12 Chairs	unknown		\$800.00
Chairs - Executive Rolling (5)	unknown		\$500.00
Chairs - Rolling Desk Chairs (8)	unknown		\$400.00
Clinical Leather Counter Chairs (5)	unknown		\$300.00
3 Drawer File Cabinets (7)	unknown		\$350.00
Desks - 48" (5)	unknown		\$100.00
Desks - Executive Letter Writing Desks (3)	unknown		\$450.00
Desks - Table Top Desks (4)	unknown		\$400.00
Lab Supply Shelves	unknown		\$200.00
Phlebotomy Chairs (2)	unknown		\$2,100.00
Phlebotomy Rolling Cart (1)	unknown		\$150.00
Lobby Bench	unknown		\$50.00
Lobby Counter Height Leather Chairs (7)	unknown		\$700.00
Lobby Leather Sofas (3)	unknown		\$900.00
Lobby Side Tables (4)	unknown		\$160.00
Lobby Straight Chairs (12)	unknown		\$900.00
Exam Room Leather Chairs (20) & Benches (3)	unknown		\$1,200.00
Power Exam Procedure Table (2)"	unknown		\$8,000.00
Executive File Cabinets	unknown		\$500.00
Glass Display Cabinets (2)	unknown		\$200.00
Tabletop Desk	unknown		\$50.00
Stainless Trash Can	unknown		\$20.00
Stools (10)	unknown		\$200.00
Ritter Exam Tables (9)	unknown		\$5,400.00
Shelving - Rolling Storage Shelving (8)	unknown		\$1,725.00
Tray Tables (12)	unknown		\$1,200.00
40. Office fixtures			
Speculum Lights (10)	unknown		\$1,370.00
Televisions (4)	unknown		\$200.00
LG Microwave	unknown		\$25.00

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

	<u>Gooseneck Lamps (2)</u>	<u>unknown</u>	<u>\$60.00</u>
	<u>Refrigerator Samsung</u>	<u>unknown</u>	<u>\$500.00</u>
	<u>Dymo Lab Label Printers (3)</u>	<u>unknown</u>	<u>\$550.00</u>
	<u>Dyson Ball DC24 Vacuum</u>	<u>unknown</u>	<u>\$200.00</u>
	<u>Cuisinart Oven Air Fryer</u>	<u>unknown</u>	<u>\$50.00</u>
41.	<u>Office equipment, including all computer equipment and communication systems equipment and software</u>		
	<u>BD Microprobe Affirm VP3 Machine (4)</u>	<u>unknown</u>	<u>\$20,000.00</u>
	<u>Biopsy Suction Machine</u>	<u>unknown</u>	<u>\$450.00</u>
	<u>COLPO Monitor</u>	<u>unknown</u>	<u>\$220.00</u>
	<u>Commercial Shredder</u>	<u>unknown</u>	<u>\$650.00</u>
	<u>Cooper Colposcope</u>	<u>unknown</u>	<u>\$7,000.00</u>
	<u>Crexendo Phone (10)</u>	<u>unknown</u>	<u>\$3,210.00</u>
	<u>Cryotherapy Gun w/ Attachments &amp; C02 Tank</u>	<u>unknown</u>	<u>\$1,850.00</u>
	<u>Chison Ultrasound 3D w/ Probes / Sony Printer</u>	<u>unknown</u>	<u>\$20,000.00</u>
	<u>Blood Pressure Monitors w/ Carts (2)"</u>	<u>unknown</u>	<u>\$1,618.00</u>
	<u>Brother Color Printer</u>	<u>unknown</u>	<u>\$200.00</u>
	<u>Cash Drawer</u>	<u>unknown</u>	<u>\$10.00</u>
	<u>Centrifuge Blood Machine (2)</u>	<u>unknown</u>	<u>\$1,650.00</u>
	<u>iMac 21.5" (8)</u>	<u>unknown</u>	<u>\$4,500.00</u>
	<u>Apple Magic Keyboard w/ Numeric Keypad (5)</u>	<u>unknown</u>	<u>\$475.00</u>
	<u>Apple Smart Keyboard (8)</u>	<u>unknown</u>	<u>\$400.00</u>
	<u>Cannon DR-C255 Scanners (5)</u>	<u>unknown</u>	<u>\$1,300.00</u>
	<u>iPad (8th Gen) - 10.2" (6)</u>	<u>unknown</u>	<u>\$600.00</u>
	<u>Acer Screen - 21"</u>	<u>unknown</u>	<u>\$50.00</u>
	<u>Ritter Autoclave</u>	<u>unknown</u>	<u>\$3,895.00</u>
	<u>LEEP Smoke Evacuator (2)</u>	<u>unknown</u>	<u>\$1,200.00</u>
	<u>Multi-Channel Pipettes (2)</u>	<u>unknown</u>	<u>\$1,000.00</u>
	<u>Non Stress Test Monitor (2)</u>	<u>unknown</u>	<u>\$9,500.00</u>
	<u>Magic Keyboard - 10 Key (2)</u>	<u>unknown</u>	<u>\$100.00</u>
	<u>McKesson Fetal Dopplers (2)</u>	<u>unknown</u>	<u>\$1,590.00</u>
	<u>Microscope</u>	<u>unknown</u>	<u>\$450.00</u>
	<u>Microsoft Surface Go 3 (Platinum)</u>	<u>unknown</u>	<u>\$499.00</u>
	<u>Microsoft Surface Go Keyboard/Cover</u>	<u>unknown</u>	<u>\$20.00</u>

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Microsoft Surface Laptop Go 2 (Light Blue)	unknown	\$300.00
Health O Meter Scale	unknown	\$880.00
Heat Block	unknown	\$600.00
Herritage Sonobed Power Bed	unknown	\$9,500.00
HP Color Printer	unknown	\$200.00
HP LaserJet Color Printer	unknown	\$300.00
HP Screen - 21"	unknown	\$50.00
Huntington Fetal Dopplers (3)	unknown	\$2,650.00
iMac 21" Lab Computer	unknown	\$1,099.00
iMac 24" (3)	unknown	\$3,897.00
iPad - (9th Gen) 10.2" (4)	unknown	\$1,316.00
iPad Mini (5th Gen)	unknown	\$249.00
iPad Time Clock w/ Mount	unknown	\$429.00
Thermometers	unknown	\$350.00
Sundry Jars - (12)	unknown	\$100.00
Supply Carts (2)	unknown	\$740.00
Surgical Instruments	unknown	\$3,500.00
Cooper Surgical LEEP	unknown	\$1,000.00
Square Credit Card Chip Reader System	unknown	\$220.00
Sony Printer	unknown	\$300.00
Sound System	unknown	\$2,400.00
Rolling IV Pole	unknown	\$100.00
Rosin Dot Matrix Lab Printer	unknown	\$400.00
Rubbermaid Ind Metal White & Biohazard Trash Cans (20)	unknown	\$5,000.00
Security System	unknown	\$1,500.00
HP 15.6" Touch Screen Laptop - Silver	unknown	\$284.25
Urine Analyzer Machine	unknown	\$285.00
Vaginal Speculums - Various Sizes (Virginal, Pederson, Graves) (80)	unknown	\$2,100.00
Various Instruments - Hemostats, Forceps, Biopsy Punches etc	unknown	\$4,000.00
Wallace LL100 Cryogenix	unknown	\$1,087.50
SAMSUNG HERA W10 Ultrasound - Leased	unknown	unknown
Fax Unit	unknown	unknown

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

42.1 Mirrors / Artwork / Decor unknown \$500.00

43. **Total of Part 7**

Add lines 39 through 42. Copy the total to line 86.

**\$157,683.75**

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

☒ No  
☐ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

☒ No  
☐ Yes

**Part 8:** Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

☒ No. Go to Part 9.  
☐ Yes. Fill in the information below.

**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
 (Where available)

**Valuation method used for current value**

**Current value of debtor's interest**

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1			
47.2			
47.3			
47.4			

48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1			
48.2			

49. **Aircraft and accessories**

49.1			
49.2			

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

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Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9:** Real property

54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.  
☒ Yes. Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <b>Medical Office / 3610 Stagg Dr</b> <u>Beaumont, TX 77701-3713</u>	<u>Lease</u>	<u>unknown</u>		<u>unknown</u>

56. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

- ☒ No  
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 10:** Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b>			
<u>texascenterforhealth.com</u>	<u>unknown</u>		<u>\$1.00</u>

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

62. Licenses, franchises, and royalties

\_\_\_\_\_

63. Customer lists, mailing lists, or other compilations

\_\_\_\_\_

64. Other intangibles, or intellectual property

\_\_\_\_\_

65. Goodwill

\_\_\_\_\_

66. Total of Part 10

Add lines 60 through 65. Copy the total to line 89.

**\$1.00**

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No  
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No  
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No  
☐ Yes

**Part 11:** All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☒ Yes. Fill in the information below.

**Current value of  
debtor's interest**

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ - \_\_\_\_\_ = **→** \_\_\_\_\_  
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. Interests in insurance policies or annuities

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Two medical malpractice claims - pending

unknown

Nature of claim

Amount requested

unknown

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim

Amount requested

76. Trusts, equitable or future interests in property

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

78. Total of Part 11

Add lines 71 through 77. Copy the total to line 90.

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name

**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$3,214.73</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$10,000.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$478,019.20</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$1,000.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$157,683.75</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u></u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....</i> →		<u>unknown</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$1.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>unknown</u>	
91. <b>Total.</b> <i>Add lines 80 through 90 for each column.....91a.</i>	<u>\$649,918.68</u>	+ 91b. <u></u>
92. <b>Total of all property on Schedule A/B.</b> <i>Lines 91a + 91b = 92. ....</i>		<u>\$649,918.68</u>



Fill in this information to identify the case:

Debtor name Texas Health Foundation, Inc

United States Bankruptcy Court for the: Eastern District of Texas  
(State)

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206D**

# Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

**Part 1:** List Creditors Who Have Secured Claims

**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

**Column A**  
**Amount of claim**  
Do not deduct the value of collateral.

**Column B**  
**Value of collateral that supports this claim**

**2.1 Creditor's name**

American Choice Capital

**Describe debtor's property that is subject to a lien**

\$75,246.12

unknown

**Creditor's mailing address**

1967 Wehrle Dr Ste 1-086

Buffalo, NY 14221-8452

**Describe the lien**

UCC

**Creditor's email address, if known**

**Is the creditor an insider or related party?**

- ☒ No  
☐ Yes

**Date debt was incurred** 11/09/2024

**Is anyone else liable on this claim?**

- ☐ No  
☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

**Last 4 digits of account number** \_\_\_\_\_

**Do multiple creditors have an interest in the same property?**

- ☒ No  
☐ Yes. Specify each creditor, including this creditor, and its relative priority.  
\_\_\_\_\_  
\_\_\_\_\_

**As of the petition filing date, the claim is:**

Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☒ Disputed

**Remarks:** MCA

**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$702,994.51

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

Part 1: Additional Page		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
<b>2.2</b> Creditor's name	Describe debtor's property that is subject to a lien		
<u>First Financial Bank, N.A.</u>		<b>\$25,570.01</b>	<b>unknown</b>
Creditor's mailing address			
<u>Beaumont Office</u>			
<u>912 North 16th St</u>	Describe the lien		
<u>Orange, TX 77630</u>	<u>UCC</u>		
Creditor's email address, if known	Is the creditor an insider or related party?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
Date debt was incurred <u>12/8/2022</u>	Is anyone else liable on this claim?		
Last 4 digits of account number <u>6 1 5 4</u>	<input type="checkbox"/> No		
	<input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).		
Do multiple creditors have an interest in the same property?	As of the petition filing date, the claim is:		
<input checked="" type="checkbox"/> No	Check all that apply.		
<input type="checkbox"/> Yes. Have you already specified the relative priority?	<input type="checkbox"/> Contingent		
<input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.	<input type="checkbox"/> Unliquidated		
	<input type="checkbox"/> Disputed		
<input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____			

Name

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Part 1: Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
<p><b>2.4</b> Creditor's name  <u>Knightsbridge Funding LLC</u></p> <p>Creditor's mailing address  <u>40 Wall Street Suite 2903</u>  <u>New York, NY 10005</u></p> <p>Creditor's email address, if known            _____</p> <p>Date debt was incurred <u>09/25/2024</u></p> <p>Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?                  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  _____                  _____  <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p> <p>Remarks: MCA</p>	<p>Describe debtor's property that is subject to a lien            _____</p> <p>Describe the lien  <u>UCC</u></p> <p>Is the creditor an insider or related party?  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).</p> <p>As of the petition filing date, the claim is:            Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p>	<p><b>\$64,405.00</b></p> <p><b>unknown</b></p>

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
<b>2.5</b> Creditor's name <u>MCA Servicing Co</u>  Creditor's mailing address <u>333 W Commercial St Ste 324</u> <u>E Rochester, NY 14445-2400</u>  Creditor's email address, if known _____  Date debt was incurred <u>01/06/2025</u>  Last 4 digits of account number _____  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ _____  Describe the lien _____  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$47,175.00</b>	<b>unknown</b>
<b>Remarks:</b> MCA			

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

Part 1: Additional Page	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>
<b>Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.</b>		
<b>2.6</b> Creditor's name <u>SQ Advance</u>  Creditor's mailing address <u>7901 4th St N Ste 300</u> <u>St Petersburg, FL 33702-4399</u>  Creditor's email address, if known _____  Date debt was incurred <u>12/05/2024</u>  Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien  _____ _____  Describe the lien _____  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	  <u><b>\$58,728.88</b></u>          <u><b>unknown</b></u>
<b>Remarks:</b> MCA		

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
<b>2.7</b> Creditor's name <u>Throttle Funding LLC</u>  Creditor's mailing address <u>4014 Chase Ave Ste 212</u> <u>Miami Beach, FL 33140-3446</u>  Creditor's email address, if known _____  Date debt was incurred <u>01/02/2025</u>  Last 4 digits of account number _____  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ _____  Describe the lien <u>UCC</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$69,000.00</u>	<u>unknown</u>
Remarks: MCA			

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim <small>Do not deduct the value of collateral.</small>	Column B Value of collateral that supports this claim
Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.			
<b>2.8</b> Creditor's name <u>Velocity Capital Group</u>  Creditor's mailing address <u>333 Pearsall Ave. Suite 105</u> <u>Cedarhurst, NY 11516</u>  Creditor's email address, if known _____  Date debt was incurred <u>08/02/2024</u>  Last 4 digits of account number <u>    </u> <u>    </u> <u>    </u> <u>    </u>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien _____ _____  Describe the lien <u>UCC</u>  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<b>\$70,176.50</b>	<b>unknown</b>
Remarks: MCA			





## Part 2:

**If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.**

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
<div>The Law Office of Jason Gang, PLLC</div> <div>1245 Hewlett Plaza #478</div> <div>Hewlett, NY 11557</div>	Line 2. <u>1</u>	____
<div>FIRST FINANCIAL BANK, N.A.</div> <div>Po Box 2559</div> <div>Abilene, TX 79604-2559</div>	Line 2. <u>2</u>	____
<div>First Financial Bank NA</div> <div>912 North 16th Street</div> <div>Orange, TX 77630</div>	Line 2. <u>2</u>	____
<div>First Financial Bank NA</div> <div>PO Box BOX 701</div> <div>Abilene, TX 79601</div>	Line 2. <u>2</u>	____
<div>PIEKARSKI LAW, PLLC</div> <div>1 Whitehall St 2nd fl</div> <div>New York, NY 10004</div>	Line 2. <u>5</u>	____
<div>Wein Law Firm</div> <div>333 Pearsall Ave 130</div> <div>Cedarhurst, NY 11516</div>	Line 2. <u>8</u>	____
<div></div> <div></div> <div></div>	Line 2. ____	____
<div></div> <div></div> <div></div>	Line 2. ____	____
<div></div> <div></div> <div></div>	Line 2. ____	____
<div></div> <div></div> <div></div>	Line 2. ____	____



Fill in this information to identify the case:

Debtor name Texas Health Foundation, Inc

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507)

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Total claim

Priority amount

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) \_\_\_\_\_

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☐ Unliquidated

☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account

number \_\_\_\_\_

Is the claim subject to offset?

☐ No

☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) \_\_\_\_\_

Debtor Texas Health Foundation, Inc  
Name

Case number (if known) \_\_\_\_\_

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

**3.1** Nonpriority creditor's name and mailing address

AbbVie US LLC

62671 Collection Center Drive

Chicago, IL 60693-0001

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

**Basis for the claim:** Medical Supplies

**Is the claim subject to offset?**

☒ No

☐ Yes

\$20,704.40

**3.2** Nonpriority creditor's name and mailing address

AdvancedMD, Inc.

698 W 10000 S

South Jordan, UT 84095-4031

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

**Medical/EMR Software**

**Basis for the claim:** System

**Is the claim subject to offset?**

☒ No

☐ Yes

\$3,428.00

**3.3** Nonpriority creditor's name and mailing address

Alliance Medical Equipment

3440 College Street

Beaumont, TX 77701

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

**Basis for the claim:** \_\_\_\_\_

**Is the claim subject to offset?**

☒ No

☐ Yes

\$71.83

**3.4** Nonpriority creditor's name and mailing address

A-OK MOVING, SHREDDING & STORAGE CO.

3692 Glenwood St

Beaumont, TX 77705-2834

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☐ Unliquidated

☐ Disputed

**Basis for the claim:** \_\_\_\_\_

**Is the claim subject to offset?**

☒ No

☐ Yes

\$452.50

Debtor Texas Health Foundation, Inc  
Name

Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

<b>3.5</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Better Living Pharmacy</u> <u>1039 N Twin City Hwy</u> <u>Nederland, TX 77627-3850</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><u>\$18,346.42</u></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Pharmacy - Medication</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.6</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Bioreference Lab</u> <u>c/o Caine &amp; Weiner</u> <u>5805 Sepulveda Blvd 4th Fl</u> <u>Van Nuys, CA 91411</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><u>\$8,562.39</u></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Vendor</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.7</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Cavett, Turner &amp; Wyble, L.L.P.</u> <u>P.O. Box 2032</u> <u>Beaumont, TX 77704-2032</u>  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><u>\$24,680.00</u></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Accountants</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.8</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Chad Dubea</u> _____ _____ _____  Date or dates debt was incurred _____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <span style="float: right;"><u>\$189,500.00</u></span> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Loan</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

Part 2: Additional Page

<p><b>3.9</b> Nonpriority creditor's name and mailing address</p> <p><u>Chase</u></p> <p><u>P.O. Box 6294</u></p> <p><u>Carol Stream, IL 60197-6294</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$26,727.43</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Credit Card</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.10</b> Nonpriority creditor's name and mailing address</p> <p><u>Crexendo Business Solutions</u></p> <p><u>P.O. Box 200969</u></p> <p><u>Dallas, TX 75320-0969</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$421.91</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Phone System</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.11</b> Nonpriority creditor's name and mailing address</p> <p><u>Dragon</u></p> <p><u>1 Microsoft Way</u></p> <p><u>Redmond, WA 98052-8300</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$1,110.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Physician Transcribing</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.12</b> Nonpriority creditor's name and mailing address</p> <p><u>Entre Business Technology</u></p> <p><u>P.O. Box 5487</u></p> <p><u>Beaumont, TX 77726-5487</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$137.02</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Monthly Copy Costs</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

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<p><b>3.13</b> Nonpriority creditor's name and mailing address</p> <p><u>Entre Capital</u></p> <p><u>Po Box 5487</u></p> <p><u>Beaumont, TX 77726-5487</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$129.64</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Monthly Copy Lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.14</b> Nonpriority creditor's name and mailing address</p> <p><u>Ever Bank Samsung</u></p> <p><u>10 Waterview Blvd</u></p> <p><u>Parsippany, NJ 07054-1286</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$31,437.14</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><u>Ultrasound Equipment</u></p> <p>Basis for the claim: <u>- Lease</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.15</b> Nonpriority creditor's name and mailing address</p> <p><u>ISMIE Mutual Insurance</u></p> <p><u>P.O. Box 71298</u></p> <p><u>Chicago, IL 60694-1298</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$6,535.33</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><u>Malpractice Insurance</u></p> <p>Basis for the claim: <u>Policy</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.16</b> Nonpriority creditor's name and mailing address</p> <p><u>Liberty Mutual Insurance - Imperial Premium Financing Services</u></p> <p><u>1589 Skeet Club Rd Ste 102</u></p> <p><u>High Point, NC 27265-8818</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$50.92</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><u>General Liability Insurance Policy</u></p> <p>Basis for the claim: <u>Insurance Policy</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>



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Name

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<p><b>3.17</b> Nonpriority creditor's name and mailing address</p> <p><u>Lombard Texas Holdings, LLC</u></p> <p><u>4 Merriman Ln</u></p> <p><u>Prospect, CT 06712-1421</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$98,246.87</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.18</b> Nonpriority creditor's name and mailing address</p> <p><u>Mazin Al Saleh MD</u></p> <p><u>10523 N Newpark Dr</u></p> <p><u>Houston, TX 77041-5488</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$85,000.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Payroll</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.19</b> Nonpriority creditor's name and mailing address</p> <p><u>McKesson Medical-Surgical, Inc.</u></p> <p><u>P.O. Box 660266</u></p> <p><u>Dallas, TX 75266-0266</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$33,602.84</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Supplies</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.20</b> Nonpriority creditor's name and mailing address</p> <p><u>McKesson Specialty Care Distribution</u></p> <p><u>15212 Collections Center Drive</u></p> <p><u>Chicago, IL 60693</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,766.22</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Medical Supplies</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

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<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u>MedPro Waste Disposal, LLC</u> <u>P.O. Box 5683</u> <u>Carol Stream, IL 60197-5683</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$1,088.42</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Medical Waste</b> <b>Basis for the claim:</b> <u>Services</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Paola Torres Ortiz MD</u> <u>4602 Mimosa Dr</u> <u>Bellaire, TX 77401</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$94,807.71</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Payroll</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <u>R&amp;P Employer Solutions</u> <u>3280 Eastex Fwy</u> <u>Beaumont, TX 77703-2649</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$169,030.99</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Payroll Services</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Spectrum</u> <u>P.O. Box 60074</u> <u>City Industry, CA 91716-0074</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$310.95</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Internet Service</b> <b>Basis for the claim:</b> <u>Provider</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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<b>3.25</b>	<b>Nonpriority creditor's name and mailing address</b> <u>SQUARE LOAN</u> <u>1455 Market St Ste 600</u> <u>San Francisco, CA 94103-1332</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____ <div style="border: 1px dotted black; padding: 2px; margin-top: 5px;"> <b>Remarks:</b>  nonprofit that assigned its assets and debt to Texas Health Foundation </div>	<b>As of the petition filing date, the claim is:</b> <u>\$24,674.97</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.26</b>	<b>Nonpriority creditor's name and mailing address</b> <u>SQUARE LOAN</u> <u>1455 Market St Ste 600</u> <u>San Francisco, CA 94103-1332</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$24,472.26</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.27</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Health Associates Houston LLC</u> <u>c/o Kim Wilson</u> <u>3610 Stagg Dr</u> <u>Beaumont, TX 77701</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$402,626.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Loan</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.28</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Health Associates LLC</u> <u>c/o Kim Wilson</u> <u>3610 Stagg Dr</u> <u>Beaumont, TX 77701</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$1,236,395.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Loan</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
Name

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<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Texas Recruiters</u> <u>1910 Ese 323 Loop Pmb 317</u> <u>Tyler, TX 75701-8337</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$15,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Physician Recruitment</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.30</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Thompson Answering Service</u> <u>2650 Calder St</u> <u>Beaumont, TX 77702-1917</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$4,946.85</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.31</b>	<b>Nonpriority creditor's name and mailing address</b> <u>UT Health &amp; Science Center</u> <u>P.O. Box 20036</u> <u>Houston, TX 77225-0036</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$7,750.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<b>3.32</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Versa Creative Group LLP</u> <u>5444 Westheimer Rd Ste 200</u> <u>Houston, TX 77056-5350</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$9,960.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> _____ <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Texas Health Foundation, Inc  
Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Others to Be Notified About Unsecured Claims

**4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2.** Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

**If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.**

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Rome Clifford Katz &amp; Koerner LLP</u> <u>Attn: Allan Koerner, Esq</u> <u>214 Main Street</u> <u>Hartford, CT 06106</u>	Line <u>3.17</u> <input type="checkbox"/> Not listed. Explain _____ _____	____ _

Debtor Texas Health Foundation, Inc  
Name

Case number (if known) \_\_\_\_\_

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1

5a. \$0.00

5b. Total claims from Part 2

5b. + \$2,542,974.01

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$2,542,974.01

Fill in this information to identify the case:

Debtor name Texas Health Foundation, Inc

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Medical/EMR Software System</u>	<u>AdvancedMD, Inc.</u>
		<u>Contract to be ASSUMED</u>	<u>698 W 10000 S</u>
	State the term remaining	<u>0 months</u>	<u>South Jordan, UT 84095-4031</u>
	List the contract number of any government contract	_____	
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Ultrasound equipment</u>	<u>EverBank</u>
		<u>Contract to be ASSUMED</u>	<u>P.O. Box 41046</u>
	State the term remaining	<u>0 months</u>	<u>Jacksonville, FL 32203</u>
	List the contract number of any government contract	_____	
2.3	State what the contract or lease is for and the nature of the debtor's interest	<u>Medical Office Space</u>	<u>Lombard Texas Holdings LLC</u>
		<u>Contract to be ASSUMED</u>	<u>Attn: John Lombard</u>
	State the term remaining	<u>0 months</u>	<u>4 Merriman Lane</u>
	List the contract number of any government contract	_____	<u>Prospect, CT 06712-0014</u>
2.4	State what the contract or lease is for and the nature of the debtor's interest	<u>Ricoh MP C3504</u>	<u>Marlin Leasing Corporation</u>
		<u>Contract to be ASSUMED</u>	<u>300 Fellowship Road</u>
	State the term remaining	<u>0 months</u>	<u>Mount Laurel, NJ 08054</u>
	List the contract number of any government contract	_____	

Debtor Texas Health Foundation, Inc  
Name

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5

State what the contract or lease is for and the nature of the debtor's interest

Professional Employer Solutions

Contract to be ASSUMED

State the term remaining

0 months

List the contract number of any government contract

\_\_\_\_\_

R&P Employer Solutions

3280 Eastex Fwy

Beaumont, TX 77703-2649

2.6

State what the contract or lease is for and the nature of the debtor's interest

Management services

Contract to be ASSUMED

State the term remaining

0 months

List the contract number of any government contract

\_\_\_\_\_

Texas Health Associates LLC

c/o Kim Wilson

3610 Stagg Dr

Beaumont, TX 77701



Fill in this information to identify the case:

Debtor name Texas Health Foundation, IncUnited States Bankruptcy Court for the: Eastern District of Texas  
(State)

Case number (If known): \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

## Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

## 1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 <u>Wilson, Kimberly</u>	<u>6245 W Bend</u> Street <u>Beaumont, TX 77706-7643</u> City State ZIP Code	<u>First Financial Bank, N.A.</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Velocity Capital Group</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Throttle Funding LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>Knightsbridge Funding LLC</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>American Choice Capital</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>SQ Advance</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>MCA Servicing Co</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
		<u>First Financial Bank, N.A.</u>	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor Texas Health Foundation, Inc Case number (if known) \_\_\_\_\_  
 Name \_\_\_\_\_

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.2	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D  <input type="checkbox"/> E/F  <input type="checkbox"/> G                 </div>	
2.3	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D  <input type="checkbox"/> E/F  <input type="checkbox"/> G                 </div>	
2.4	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D  <input type="checkbox"/> E/F  <input type="checkbox"/> G                 </div>	
2.5	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D  <input type="checkbox"/> E/F  <input type="checkbox"/> G                 </div>	
2.6	<div>_____</div> <div>Street</div> <div>_____</div> <div>_____</div> <div>City State ZIP Code</div>	<div>_____</div> <div> <input type="checkbox"/> D  <input type="checkbox"/> E/F  <input type="checkbox"/> G                 </div>	

Fill in this information to identify the case:

Debtor name Texas Health Foundation, Inc

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_ Chapter 11

☐ Check if this is an amended filing

## Official Form 206Sum

# Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

#### 1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

##### 1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$0.00

##### 1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$649,918.68

##### 1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$649,918.68

### Part 2: Summary of Liabilities

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$702,994.51

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

##### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$0.00

##### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

+ \$2,542,974.01

#### 4. Total liabilities.....

Lines 2 + 3a + 3b

\$3,245,968.52

Fill in this information to identify the case:

Debtor name Texas Health Foundation, Inc

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 207

## Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$380,768.48

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$3,055,791.15

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business  
☐ Other \_\_\_\_\_

\$2,214,000.41

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2025 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2024 to 12/31/2024  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2023 to 12/31/2023  
MM/ DD/ YYYY MM/ DD/ YYYY

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

	Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1.	<b>Velocity Capital Group</b> Creditor's name <b>333 Pearsall Ave. Suite 105</b> Street  <b>Cedarhurst, NY 11516</b> City State ZIP Code		<b>\$51,709.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.2.	<b>Throttle Funding LLC</b> Creditor's name <b>4014 Chase Ave Ste 212</b> Street  <b>Miami Beach, FL 33140-3446</b> City State ZIP Code		<b>\$29,500.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.3.	<b>MCA Servicing Co</b> Creditor's name <b>333 W Commercial St Ste 324</b> Street  <b>E Rochester, NY 14445-2400</b> City State ZIP Code		<b>\$26,324.95</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.4.	<b>American Choice Capital</b> Creditor's name <b>1967 Wehrle Dr Ste 1-086</b> Street  <b>Buffalo, NY 14221-8452</b> City State ZIP Code		<b>\$29,979.95</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other
3.5.	<b>Knightsbridge Funding LLC</b> Creditor's name <b>40 Wall Street Suite 2903</b> Street  <b>New York, NY 10005</b> City State ZIP Code		<b>\$52,726.00</b>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

3.6. **First Financial Bank** \$178,978.04  
Creditor's name  
**403 North Main**  
Street  
  
**Cleburne, TX 76033**  
City State ZIP Code

- ☒ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☐ Other \_\_\_\_\_

3.7. **Square Advance** \$28,417.20  
Creditor's name  
**90 E Halsey Rd**  
Street  
  
**Parsippany, NJ 07054-3713**  
City State ZIP Code

- ☒ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☐ Other \_\_\_\_\_

3.8. **Lombard Texas Holdings LLC** \$24,086.00  
Creditor's name  
**4 Merriman Lane**  
Street  
**Attn: John Lombard**  
  
**Prospect, CT 06712-0014**  
City State ZIP Code

- ☐ Secured debt  
☐ Unsecured loan repayments  
☐ Suppliers or vendors  
☐ Services  
☒ Other **Office Lease**

4. **Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. <b>Texas Health Associates LLC</b> Creditor's name <b>3610 Stagg Dr</b> Street <b>c/o Kim Wilson</b> <b>Beaumont, TX 77701</b> City State ZIP Code Relationship to debtor	<b>3/11/24-3/11/25</b>	<b>\$483,648.02</b>	<b>Management fees Texas Health Foundation paid to Texas Health Associates</b>
4.2. <b>Texas Health Foundation, Inc</b> Creditor's name <b>3610 Stagg Dr</b> Street <b>Beaumont, TX 77701-3713</b> City State ZIP Code Relationship to debtor	<b>3/11/24-3/11/25</b>	<b>\$351,857.00</b>	<b>Texas Health Associates Loaned Back to Texas Health Foundation</b>

4.3.

Ascentium Capital

Creditor's name

23970 US-59

Street

aka Regions Bank

Kingwood, TX 77339

CityStateZIP Code

Relationship to debtor

\$9,588.00

Texas Health Associates finances medical equipment from Ascentium. Debtor pays Ascentium the \$799.44 per month and uses the equipment.

5.

Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒None

Creditor's name and address	Description of the property	Date	Value of property
5.1.			
Creditor's name			
Street			
CityStateZIP Code			

6.

Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☐None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1.			
MCA Servicing	Filed a UCC lien with payers	02/16/2025	\$16,325.00
Creditor's name			
333 W Commercial St Ste 324	XXXX- _ _ _ _		
Street			
E Rochester, NY 14445-2400			
CityStateZIP Code			

Part 3: Legal Actions or Assignments

7.

Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐None

7.1.	<div>Case title</div> <div>American Choice Capital, LLC v Texas Health Foundation Inc., et al.</div> <div>Case number</div> <div>604844/2025</div>	<div>Nature of case</div> <div>Breach of Contract</div>	<div>Court or agency's name and address</div> <div>Supreme Court of the State of New York County of Nassau</div> <div>Name</div> <div>100 Supreme Ct Drive</div> <div>Street</div> <div>Mineola, NY 11501</div> <div>City State ZIP Code</div>	<div>Status of case</div> <div><input checked="" type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>
7.2.	<div>Case title</div> <div>TEIHESHIA WORTHAM v TEXAS CENTER FOR HEALTH PLLC</div> <div>Case number</div> <div>24DCCV0352</div>	<div>Nature of case</div> <div>negligence/personal injury</div>	<div>Court or agency's name and address</div> <div>Jefferson County 172nd District Court</div> <div>Name</div> <div>1001 Pearl St, #203</div> <div>Street</div> <div>Beaumont, TX 77701</div> <div>City State ZIP Code</div>	<div>Status of case</div> <div><input checked="" type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>
7.3.	<div>Case title</div> <div>Octevyon Swain and Kearia Ramee et al v Peter Yes, M.D. et al.</div> <div>Case number</div> <div>2024-68832</div>	<div>Nature of case</div> <div>negligence/personal injury</div>	<div>Court or agency's name and address</div> <div>152nd District Court Harris County</div> <div>Name</div> <div>201 Caroline St Fl 11</div> <div>Street</div> <div>Houston, TX 77002-1901</div> <div>City State ZIP Code</div>	<div>Status of case</div> <div><input checked="" type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>
7.4.	<div>Case title</div> <div>Velocity Capital Group LLC v. Texas Health Foundation Inc. et al</div> <div>Case number</div> <div>509536/2025</div>	<div>Nature of case</div> <div>Breach of Contract</div>	<div>Court or agency's name and address</div> <div>Supreme Court of the State of New York County of Kings</div> <div>Name</div> <div>360 Adams St 4</div> <div>Street</div> <div>Brooklyn, NY 11201</div> <div>City State ZIP Code</div>	<div>Status of case</div> <div><input checked="" type="checkbox"/> Pending</div> <div><input type="checkbox"/> On appeal</div> <div><input type="checkbox"/> Concluded</div>

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

8.1.	<div>Custodian's name and address</div> <div>Custodian's name</div> <div>Street</div> <div>City State ZIP Code</div>	<div>Description of the property</div> <div>Case title</div> <div>Case number</div> <div>Date of order or assignment</div>	<div>Value</div> <div>Court name and address</div> <div>Name</div> <div>Street</div> <div>City State ZIP Code</div>
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Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name			
	Street			
	City	State	ZIP Code	
	Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

10.1.	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	The Lane Law Firm	Attorney's Fee	2/24/2025	\$2,500.00
	Address	Attorney's Fee	3/3/2025	\$5,000.00
	6200 Savoy Suite 1150	Attorney's Fee	03/20/2025	\$22,000.00
	Street	Attorney's Fee	03/21/2025	\$5,500.00
	Houston, TX 77036			
	City	State	ZIP Code	
	Email or website address			
	Who made the payment, if not debtor?			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
<div>Address</div> <div>Street</div> <div>CityStateZIP Code</div> <div>Relationship to debtor</div>				

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	Street	From To
	CityStateZIP Code	

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. Texas Health Foundation Inc.	Medical Practice	
Facility name		
3610 Stagg Dr		
Street		
Beaumont, TX 77701-3713	Location where patient records are maintained(if different from facility address). If electronic, identify any service provider.	How are records kept?
CityStateZIP Code		Check all that apply:
		<input type="checkbox"/> Electronically
		<input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

☐ No.

☒ Yes. State the nature of the information collected and retained. **Patient Protected Information**

Does the debtor have a privacy policy about that information?

☐ No

☒ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

**Name of plan**

**Employer identification number of the plan**

EIN: \_ \_ - \_ \_ \_ \_ \_

Has the plan been terminated?

☐ No

☐ Yes

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1 _____ Name _____ Street _____ City State ZIP Code	XXXX- _ _ _ _	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	_____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Texas Health Foundation, Inc

Name

19.1	Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
				<input type="checkbox"/> No
	Name			<input type="checkbox"/> Yes
	Street			
		Address		
	City State ZIP Code			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

20.1	Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
				<input type="checkbox"/> No
	Name			<input type="checkbox"/> Yes
	Street			
		Address		
	City State ZIP Code			

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

Owner's name and address	Location of the property	Description of the property	Value
Name			
Street			
City State ZIP Code			

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Texas Health Foundation, Inc

Name

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
	Name		<input type="checkbox"/> Pending
Case number			<input type="checkbox"/> On appeal
	Street		<input type="checkbox"/> Concluded
	City State ZIP Code		

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		
Street	Street		
City State ZIP Code	City State ZIP Code		

Part 13: Details About the Debtor’s Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name		EIN: _ _ - _ _ _ _ _
_____		Dates business existed
Street		From _____ To _____
_____		
City	State	ZIP Code

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. <b>Cavett Turner &amp; Wyble</b> Name	From _____ To _____
<b>2920 Toccoa St</b> Street	
_____	
<b>Beaumont, TX 77703-4962</b> City	State ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____
_____	
Street	
_____	
City	State ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. _____ Name	_____
_____	_____
Street	_____
_____	
City	State ZIP Code

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Texas Health Foundation, Inc

Name and address

26d.1.

Name

Street

City

State

ZIP Code

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory

Name and address of the person who has possession of inventory records

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Wilson, Kimberly	6245 W Bend Beaumont, TX 77706-7643	President,	0.00%
Carl Wilson	2664 South Pine Island Rd Beaumont, TX 77713	Secretary ,	0.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			From To

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.



Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. Wilson, Kimberly \$7,809.29 03/15-24-3 wages and

Name 6245 W Bend /15/2025 reimbursements

Street

Beaumont, TX 77706-7643

City State ZIP Code

Relationship to debtor

President

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.2. Carl Wilson \$58,058.66 3/15/24-3/15/25 wages and

Name  reimbursements

Street

City State ZIP Code

Relationship to debtor

Secretary

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
- ☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
<u></u>	EIN: <u>  -  -  -  -  -  -</u>

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
- ☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
<u></u>	EIN: <u>  -  -  -  -  -  -</u>

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 04/03/2025

MM/ DD/ YYYY

X

/s/ Kim Wilson

Signature of individual signing on behalf of the debtor

Printed name

Kim Wilson

Position or relationship to debtor

Director

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☒ No

☐ Yes

Fill in this information to identify the case:

Debtor name Texas Health Foundation, Inc

United States Bankruptcy Court for the:

Eastern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	First Financial Bank, N.A. Beaumont Office 912 North 16th St Orange, TX 77630		UCC				\$292,693.00
2	Chad Dubea		Loan				\$189,500.00
3	R&P Employer Solutions 3280 Eastex Fwy Beaumont, TX 77703-2649		Payroll Services				\$169,030.99
4	Lombard Texas Holdings, LLC 4 Merriman Ln Prospect, CT 06712-1421						\$98,246.87
5	Paola Torres Ortiz MD 4602 Mimosa Dr Bellaire, TX 77401		Payroll				\$94,807.71
6	Mazin Al Saleh MD 10523 N Newpark Dr Houston, TX 77041-5488		Payroll				\$85,000.00
7	American Choice Capital 1967 Wehrle Dr Ste 1-086 Buffalo, NY 14221-8452		UCC	Disputed			\$75,246.12
8	Velocity Capital Group 333 Pearsall Ave. Suite 105 Cedarhurst, NY 11516		UCC	Disputed			\$70,176.50

Debtor **Texas Health Foundation, Inc**

Name

Case number (if known)

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Throttle Funding LLC 4014 Chase Ave Ste 212 Miami Beach, FL 33140-3446		UCC	Disputed			\$69,000.00
10	Knightsbridge Funding LLC 40 Wall Street Suite 2903 New York, NY 10005		UCC	Disputed			\$64,405.00
11	SQ Advance 7901 4th St N Ste 300 St Petersburg, FL 33702-4399			Disputed			\$58,728.88
12	MCA Servicing Co 333 W Commercial St Ste 324 E Rochester, NY 14445-2400			Disputed			\$47,175.00
13	McKesson Medical-Surgical, Inc. P.O. Box 660266 Dallas, TX 75266-0266		Medical Supplies				\$33,602.84
14	Ever Bank Samsung 10 Waterview Blvd Parsippany, NJ 07054-1286		Ultrasound Equipment - Lease				\$31,437.14
15	Chase P.O. Box 6294 Carol Stream, IL 60197-6294		Credit Card				\$26,727.43
16	First Financial Bank, N.A. Beaumont Office 912 North 16th St Orange, TX 77630		UCC				\$25,570.01
17	Cavett, Turner & Wyble, L.L.P. P.O. Box 2032 Beaumont, TX 77704-2032		Accountants				\$24,680.00
18	SQUARE LOAN 1455 Market St Ste 600 San Francisco, CA 94103-1332						\$24,674.97
19	SQUARE LOAN 1455 Market St Ste 600 San Francisco, CA 94103-1332						\$24,472.26
20	AbbVie US LLC 62671 Collection Center Drive Chicago, IL 60693-0001		Medical Supplies				\$20,704.40

B2030 (Form 2030) (12/15)

United States Bankruptcy Court  
Eastern District of Texas

In re Texas Health Foundation, Inc

Case No. \_\_\_\_\_

Debtor

Chapter 11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... **\$35,000.00**

Prior to the filing of this statement I have received ..... **\$35,000.00**

Balance Due ..... **\$0.00**

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

B2030 (Form 2030) (12/15)

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**04/03/2025**

*Date*

**/s/ Robert C Lane**

Robert C Lane

*Signature of Attorney*

Bar Number: 24046263

The Lane Law Firm

6200 Savoy Dr Ste 1150

Houston, TX 77036-3369

Phone: (713) 595-8200

Fax: (713) 595-8201

**The Lane Law Firm**

*Name of law firm*

IN THE UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF TEXAS  
BEAUMONT DIVISION

IN RE: **Texas Health Foundation, Inc**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date **04/03/2025**

Signature **/s/ Kim Wilson**  
Kim Wilson, Director

ABBVIE US LLC  
62671 COLLECTION CENTER DRIVE  
CHICAGO, IL 60693-0001

ADVANCEDMD, INC.  
698 W 10000 S  
SOUTH JORDAN, UT 84095-4031

ALLIANCE MEDICAL  
EQUIPMENT  
3440 COLLEGE STREET  
BEAUMONT, TX 77701

AMERICAN CHOICE CAPITAL  
1967 WEHRLE DR STE 1-086  
BUFFALO, NY 14221-8452

A-OK MOVING, SHREDDING &  
STORAGE CO.  
3692 GLENWOOD ST  
BEAUMONT, TX 77705-2834

BETTER LIVING PHARMACY  
1039 N TWIN CITY HWY  
NEDERLAND, TX 77627-3850

BIOREFERENCE LAB  
C/O CAINE & WEINER  
5805 SEPULVEDA BLVD 4TH FL  
VAN NUYS, CA 91411

CAVETT, TURNER & WYBLE,  
L.L.P.  
P.O. BOX 2032  
BEAUMONT, TX 77704-2032

CHAD DUBEA

CHASE  
P.O. BOX 6294  
CAROL STREAM, IL 60197-6294

CREXENDO BUSINESS  
SOLUTIONS  
P.O. BOX 200969  
DALLAS, TX 75320-0969

DRAGON  
1 MICROSOFT WAY  
REDMOND, WA 98052-8300

ENTRE BUSINESS  
TECHNOLOGY  
P.O. BOX 5487  
BEAUMONT, TX 77726-5487

ENTRE CAPITAL  
PO BOX 5487  
BEAUMONT, TX 77726-5487

EVER BANK SAMSUNG  
10 WATERVIEW BLVD  
PARSIPPANY, NJ 07054-1286

EVERBANK  
P.O. BOX 41046  
JACKSONVILLE, FL 32203

FIRST FINANCIAL BANK NA  
912 NORTH 16TH STREET  
ORANGE, TX 77630

FIRST FINANCIAL BANK NA  
PO BOX BOX 701  
ABILENE, TX 79601

FIRST FINANCIAL BANK, N.A.  
BEAUMONT OFFICE  
912 NORTH 16TH ST  
ORANGE, TX 77630

FIRST FINANCIAL BANK, N.A.  
PO BOX 2559  
ABILENE, TX 79604-2559

ISMIE MUTUAL INSURANCE  
P.O. BOX 71298  
CHICAGO, IL 60694-1298

KNIGHTSBRIDGE FUNDING  
LLC  
40 WALL STREET SUITE 2903  
NEW YORK, NY 10005

LIBERTY MUTUAL INSURANCE  
- IMPERIAL PREMIUM  
FINANCING SERVICES  
1589 SKEET CLUB RD STE 102  
HIGH POINT, NC 27265-8818

LOMBARD TEXAS HOLDINGS  
LLC  
ATTN: JOHN LOMBARD  
4 MERRIMAN LANE  
PROSPECT, CT 06712-0014

LOMBARD TEXAS HOLDINGS,  
LLC  
4 MERRIMAN LN  
PROSPECT, CT 06712-1421

MARLIN LEASING  
CORPORATION  
300 FELLOWSHIP ROAD  
MOUNT LAUREL, NJ 08054

MAZIN AL SALEH MD  
10523 N NEWPARK DR  
HOUSTON, TX 77041-5488

MCA SERVICING CO  
333 W COMMERCIAL ST STE 324  
E ROCHESTER, NY 14445-2400

MCKESSON MEDICAL-  
SURGICAL, INC.  
P.O. BOX 660266  
DALLAS, TX 75266-0266

MCKESSON SPECIALTY CARE  
DISTRIBUTION  
15212 COLLECTIONS CENTER DRIVE  
CHICAGO, IL 60693



MEDPRO WASTE DISPOSAL,  
LLC  
P.O. BOX 5683  
CAROL STREAM, IL 60197-5683

PAOLA TORRES ORTIZ MD  
4602 MIMOSA DR  
BELLAIRE, TX 77401

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NEW YORK, NY 10004

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3280 EASTEX FWY  
BEAUMONT, TX 77703-2649

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KOERNER LLP  
ATTN: ALLAN KOERNER, ESQ  
214 MAIN STREET  
HARTFORD, CT 06106

SPECTRUM  
P.O. BOX 60074  
CITY INDUSTRY, CA 91716-0074

SQ ADVANCE  
7901 4TH ST N STE 300  
ST PETERSBURG, FL 33702-4399

SQUARE LOAN  
1455 MARKET ST STE 600  
SAN FRANCISCO, CA 94103-1332

TEXAS HEALTH ASSOCIATES  
HOUSTON LLC  
C/O KIM WILSON  
3610 STAGG DR  
BEAUMONT, TX 77701

TEXAS HEALTH ASSOCIATES  
LLC  
C/O KIM WILSON  
3610 STAGG DR  
BEAUMONT, TX 77701

TEXAS RECRUITERS  
1910 ESE 323 LOOP PMB 317  
TYLER, TX 75701-8337

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1245 HEWLETT PLAZA #478  
HEWLETT, NY 11557

THOMPSON ANSWERING  
SERVICE  
2650 CALDER ST  
BEAUMONT, TX 77702-1917

THROTTLE FUNDING LLC  
4014 CHASE AVE STE 212  
MIAMI BEACH, FL 33140-3446

UT HEALTH & SCIENCE  
CENTER  
P.O. BOX 20036  
HOUSTON, TX 77225-0036

VELOCITY CAPITAL GROUP  
333 PEARSALL AVE. SUITE 105  
CEDARHURST, NY 11516

VERSA CREATIVE GROUP LLP  
5444 WESTHEIMER RD STE 200  
HOUSTON, TX 77056-5350

WEIN LAW FIRM  
333 PEARSALL AVE 130  
CEDARHURST, NY 11516